

Application for Regulatory Affairs Certification (RAC) Exam



Mr. Mrs. Ms. Dr. First Name _____ MI _____ Last Name _____
Undergraduate Degree: Yes No Graduate Degree: Yes No Regulatory Experience: _____ years
Title _____
Company _____
 Business Home
Address _____ Mail Stop _____ Suite/Apt _____
City/ State/Province/Zip _____
Country _____
Phone (with area/country code) _____
Email Address (required) _____

REGISTRATION FEES (All fees in US dollars)

Select Exam(s): United States (US) Canada (CAN) European Union (EU) Global (Global)

Spring Cycle (Per Exam)			
RAPS Member Pricing (US\$)		List Pricing* (US\$)	
<input type="checkbox"/> \$435	By 1 March, 2018	<input type="checkbox"/> \$535	By 1 March, 2018

*Non RAPS members applying for more than one exam pay the list price for the first exam and member pricing for all other exams per application.

METHOD OF PAYMENT

- International Wire Transfer:** Fax this completed form and copy of bank wire confirmation to confirm your registration to: RAPS account #1000043228997; ABA #061000104 Swift Code SNTRUS3A; SunTrust Bank, Richmond, VA. Must reference name of registrant. All bank charges are the responsibility of the payer.
- Check #** _____
- Credit Card** American Express MasterCard Visa
Account # _____ Exp. Date _____ Billing Postal Code _____
Name as it appears on the card _____ Signature _____

APPLICATION AGREEMENT

I acknowledge that I have read and agree to comply with the policies and procedures contained in the RAC Candidate Guide and the Code of Ethics for Regulatory Professionals. The information submitted in this application is complete and accurate. I believe I meet all eligibility requirements for the RAC exam. I authorize RAPS to make any inquiries deemed necessary to verify my credentials.

Signature _____ Date _____

Questions? Call RAPS Solutions Center at +1 301 770 2920, ext. 200. Please see RAPS.org for complete registration policies and procedures.

HOW TO REGISTER

- MAIL:** **Check or Money Order:** Send check or money order with completed application to: RAPS c/o SunTrust Lockbox Dept, PO Box 79546, Baltimore, MD 21279-0546 USA
Credit Card: Send completed application with credit card information to: Regulatory Affairs Professionals Society, Attn: RAC Program Office, 5635 Fishers Lane, Suite 550, Rockville, MD 20852 USA
- FAX:** Fax completed application and payment information to: +1 301 841 7956 (credit card or wire transfer)